

**DEPARTMENT OF SOCIAL SERVICES**

744 P Street, MS 19-96, Sacramento, CA 95814



September 25, 2003

ALL-COUNTY LETTER NO: 03-53

TO: ALL COUNTY WELFARE DIRECTORS  
ALL IHSS PROGRAM MANAGERS

**Reason For This Transmittal**

- ☐ State Law Change
- ☒ Federal Law or Regulation Change
- ☐ Court Order or Settlement Agreement
- ☐ Clarification Requested by one or More Counties
- ☐ Initiated by CDSS

**SUBJECT: FEDERAL POVERTY LEVEL FOR THE AGED AND DISABLED  
FEDERAL POVERTY LEVEL (A&D FPL) PROGRAM FOR  
INDIVIDUALS AND NEW APPLICATIONS AS OF APRIL 1, 2003**

**REFERENCE:**

- (1) California Department of Social Services (CDSS) All-County Letter (ACL) No. 10-01, January 24, 2001;
- (2) Department of Health Services (DHS) All-County Welfare Directors Letter (ACWDL) 03-21, April 23, 2003;
- (3) CDSS' ACL 03-04, January 27, 2003.

The purpose of this ACL is to inform counties of the 2003 effective income standard that may allow Personal Care Services Program (PCSP) recipients to be eligible for the Medi-Cal A&D FPL program for 2003. This ACL also provides instructions for processing newly eligible individuals and new applications.

This ACL does not provide instructions for PCSP "couples" potential eligibility for the A&D FPL program. A separate ACL with instructions will be issued for "couples".

**BACKGROUND**

The CDSS ACL 10-01 (A&D FPL Program for In-Home Supportive Services (IHSS)/PCSP recipients) provided A&D FPL implementation guidance to all county IHSS/PCSP Program Managers and Welfare Directors. DHS released the 2003 FPL rates in ACWDL 03-21 (see Attachment 3).

**INDIVIDUALS**

The effective income standard as of April 1, 2003 for individuals is \$979.00. This is derived from 100% of the 2003 FPL of \$749.00 plus the \$230.00 individual disregard established by Welfare & Institutions Code (WIC) Section 14005.40.

In comparison with the year 2002, the 2003 effective income standard for individuals has increased \$7.00. The A&D FPL effective income standard for individuals (\$979.00) exceeds the Supplemental Security Income/State Supplementary Payment (SSI/SSP) individual payment standard (\$757.00) by \$222.00.

A Case Management, Information, and Payrolling System (CMIPS) report will be run that will indicate the individuals who were made eligible for A&D FPL due to the \$7.00 increase in the A&D FPL effective income standard. A future Electronic Bulletin Board (EBB) will establish the process by which counties can receive the county specific lists of these individuals.

#### **INSTRUCTIONS FOR COMPLETING THE "AGED & DISABLED FEDERAL POVERTY LEVEL PROGRAM FINANCIAL ELIGIBILITY FORM" (MC 176)**

A Form MC 176 is included for reference as Attachment 1. County IHSS workers fill out the MC 176. The individual disregard of \$230 is entered on line 16 and 100% of the FPL (\$749) is entered on line 21.

#### **SPECIAL PRE-AUTHORIZED TRANSACTIONS**

Instructions for individuals that have been made "newly eligible" due to the \$7.00 increase were not available prior to April 1, 2003. As a result, these individuals may have paid an excess share-of-cost (SOC). An Adjustment Transaction, Type "C" and Reason "O2" on the CMIPS Special Pre-Authorized Transactions screen may be used to reimburse these individuals that overpaid for services. The CMIPS User's Manual, Section XI, IHSS Special Pre-Authorized Transactions, SOC 312, and Page XI-A-1 through Page XI-B-11 provide instructions on this process.

#### **EFFECTS OF THE RETIREMENT SURVIVORS AND DISABILITY INSURANCE (RSDI) JANUARY 1, 2003, COST OF LIVING ADJUSTMENT (COLA)**

Counties are reminded not to use the Retirement Survivors and Disability Insurance (RSDI) Cost of Living Adjustment (COLA) for 2003 when evaluating cases for A&D FPL eligibility between January 1, 2003 and April 1, 2003. After April 1, 2003, the RSDI COLA should be applied to an individual's income [ACL 03-04 and WIC 14005.40(f)].

#### **MEDI-CAL AGED AND DISABLED FEDERAL POVERTY LEVEL PROGRAM, INFORMATION SHEET**

The revised information notice (Attachment 2) must be mailed to all the newly eligible individuals.

Questions regarding this letter can be directed to your Operations and Technical Assistance analyst at (916) 229-4000.

Sincerely,

**Original Signed By**  
**Joseph Carlin on 9/25/03 for**  
DONNA L. MANDELSTAM  
Deputy Director  
Disability and Adult Programs Division

Attachments

State of California—Health and Human Services Agency  
**Department of Health Services**



**GRAY DAVIS**  
Governor

**DIANA M. BONTÀ, R.N., Dr. P.H.**  
Director

April 23, 2003

TO: ALL COUNTY WELFARE DIRECTORS Letter No.:03-21  
ALL COUNTY ADMINISTRATIVE OFFICERS  
ALL COUNTY MEDI-CAL PROGRAM SPECIALIST/LIAISONS  
ALL COUNTY HEALTH EXECUTIVES  
ALL COUNTY MENTAL HEALTH DIRECTORS

SUBJECT: NEW INCOME LIMITS AND DISREGARDS FOR THE AGED AND  
DISABLED FEDERAL POVERTY LEVEL PROGRAM FOR 2003

This letter is to provide counties with the 2003 income limits for the Aged and Disabled Federal Poverty Level (A&D FPL) program as follows:

The effective income limit for an A&D FPL individual is \$979 as of April 1, 2003. This income limit is equal to \$749 (100 percent of the FPL for one effective April 1, 2003) and the \$230 standard disregard for an individual.

The A&D FPL couple income limit according to the formula for this program would be 100 percent of the FPL for two and the standard \$310 disregard for a couple. However, Welfare and Institutions Code, Section 14005.40 (1) requires that the A&D FPL couples effective income standard be no less than the Supplemental Security Income/State Supplementary Payment (SSI/SSP) couple payment standard. The new SSI/SSP payment standard is \$1,344 from January 1, 2003, through May 31, 2003, and \$1,382 from June 1, 2003, through December 31, 2003.

For determinations from January 1, 2003, through March 31, 2003, the income disregard would be \$349 which is the difference between the SSI/SSP couple payment of \$1344 and \$995 (100 percent of the FPL for two effective April 1, 2002).

The income disregard must be reduced to \$334 for determinations from April 1 to May 31, 2003. This is equal to the difference between the SSI/SSP couple payment of \$1,344 and \$1,010 (100 percent of FPL for two effective April 1, 2003).



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[www.consumerenergycenter.org/flex/index.html](http://www.consumerenergycenter.org/flex/index.html)

From June 1, 2003, to December 31, 2003, the couple income disregard will be increased to \$373 which is equal to the difference between the SSI/SSP couple payment amount of \$1,382 and \$1,010 (100 percent of FPL for two effective April 1, 2003).

If you have any questions, please contact Mr. Craig Yagi of my staff at (916) 657-1182.

Original signed by

Beth Fife, Chief  
Medi-Cal Eligibility Branch

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**ATTACHMENT 2****NOTICE****Medi-Cal Aged and Disabled Federal Poverty Level Program**

Dear IHSS/PCSP Recipient:

The Aged and Disabled Federal Poverty Level Program is a Medi-Cal benefit that can reduce your current share-of-cost payment to zero if you meet all eligibility requirements. This program is available to Personal Care Services Program (PCSP) recipients who meet the following basic requirements:

1. Aged (65 years of age or older).
2. Disabled (no age requirement).
3. Have at least one IHSS provider who is an authorized PCSP provider. Spouses of recipients and parents of recipients who are minor children are not authorized PCSP providers.
4. Pay or would pay a share-of-cost for PCSP services.
5. Have a countable income below a certain limit (varies with individuals, couples or part of a family unit).
6. Must be PCSP eligible. If you are receiving advance pay you are not currently receiving PCSP. However, you may be PCSP eligible and may receive PCSP without advance pay.

The county's IHSS worker must determine your actual eligibility for this program. Alternatively, a Medi-Cal intake worker can also determine your A&D FPL eligibility. If you are found eligible, you will receive an In-Home Supportive Services **Notice of Action** that will provide you with information of the change in your share-of-cost payment from your current level to zero (\$0.00).

The change was added by Assembly Bill 2877, Chapter 93, Statutes of 2000, which added Section 14005.40 to the Welfare and Institutions Code.

Any changes in your financial status must be reported immediately to your county social worker.

If you have any questions, please contact your county social worker.

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ATTACHMENT IN SPANISH

**ANEXO****NOTIFICACION****Programa de Medi-Cal para Personas de Edad Avanzada  
e Incapacitados/Discapacitados en el Nivel Federal de Pobreza**

Estimado Beneficiario de IHSS/PCSP:

El Programa para Personas de Edad Avanzada e Incapacitados/Discapacitados en el Nivel Federal de Pobreza (A&D FPL) es un beneficio de Medi-Cal (Programa de Asistencia Médica de California) que puede reducir a cero el pago de su parte del costo actual si usted reúne todos los requisitos de elegibilidad. Los beneficios de este Programa están disponibles para los beneficiarios de PCSP (Programa de Servicios de Cuidado Personal) que cumplan con los siguientes requisitos básicos:

1. Ser una persona de edad avanzada (65 años de edad o más).
2. Estar incapacitado o discapacitado (la edad no importa).
3. Tener al menos un proveedor de IHSS (Servicios de Casa y Cuidado Personal) que sea un proveedor autorizado de PCSP. El esposo(a) del beneficiario y los padres del beneficiario que es menor de edad no son proveedores autorizados de PCSP.
4. Estar pagando o tener que pagar la parte del costo para los beneficios de PCSP.
5. Tener ingresos contables por debajo de un cierto límite (varía dependiendo de la persona, pareja, o parte de una unidad familiar).
6. Reunir los requisitos para recibir los beneficios de PCSP. Si está recibiendo pago por adelantado, actualmente usted no está recibiendo los beneficios de PCSP. Sin embargo, es posible que reúna los requisitos y que pueda recibir los beneficios de PCSP sin pago por adelantado.

El trabajador de IHSS del condado tiene que determinar su elegibilidad actual para este Programa. Alternativamente, un trabajador que toma la información inicial para los beneficios de Medi-Cal también puede determinar su elegibilidad para A&D FPL. Si usted reúne los requisitos, recibirá una **notificación de acción** de IHSS. Esta notificación le proporcionará la información acerca del cambio en el pago de su parte del costo de su nivel actual a cero (\$0.00).

El cambio se incorporó por lo estipulado en los Estatutos de 2000, Capítulo 93 de la Iniciativa de Ley de la Asamblea Estatal 2877 que añadieron la Sección 14005.40 al Código de Bienestar Público e Instituciones.

Cualquier cambio en su situación financiera se tiene que reportar inmediatamente a su trabajador social del condado.

Si tiene alguna pregunta, por favor comuníquese con su trabajador social del condado.

## AGED & DISABLED FEDERAL POVERTY LEVEL PROGRAM FINANCIAL ELIGIBILITY FORM

CASE NAME	COUNTY DISTRICT	COUNTY USE
APPLICANT'S NAME (If different from above)	CASE #	EFFECTIVE ELIG. DATE FOR THIS BUDGET Month _____ Year _____
NAME ADDITIONAL MFBU MEMBER (SPOUSE)	NAME OF ADDITIONAL MFBU MEMBER (CHILD)	OTHER COVERAGE

NEW APP.      REDETERMINATION      CHANGE      RETRO ELIG.      CORRECTION

PART A Is the applicant(s)/beneficiary(ies) aged or disabled per Title 22, Sections 50221, 50223, & 50167:

Yes, then go to Part B

No: Do not complete this form; If not aged refer for disability determination

### PART B INCOME ELIGIBILITY DETERMINATION

#### I UNEARNED INCOME

	Elig. Individual	Elig. Spouse/Child/Parent	Inelig. Family Membr #1	Inelig. Family Membr #2
1 OASDI	\$ _____	\$ _____	\$ _____	\$ _____
2 PROPERTY NET INCOME	\$ _____	\$ _____	\$ _____	\$ _____
3 IN-KIND INCOME	\$ _____	\$ _____	\$ _____	\$ _____
4 OTHER INCOME (Include Source of Other Income)	\$ _____ Source: _____	\$ _____ Source: _____	\$ _____ Source: _____	\$ _____ Source: _____
5 OTHER INCOME (Include Source of Other Income)	\$ _____ Source: _____	\$ _____ Source: _____	\$ _____ Source: _____	\$ _____ Source: _____
6 TOTAL INCOME INDIVIDUAL UNEARNED INCOME (ADD 1 THRU 5 IN EACH COLUMN)	Total of Above Boxes: \$ _____	Total of Above Boxes: \$ _____	Total of Above Boxes: \$ _____	Total of Above Boxes: \$ _____
7 COMBINED UNEARNED INCOME (Add Totals From Row 6)	TOTAL OF BOXES IN ROW 6: \$ _____			
8 SUBTRACT \$20 (Any Income Deduction)	- \$20			
9 REMAINING UNEARNED INCOME	\$ _____			

#### II EARNED INCOME

	Elig. Individual	Elig. Spouse/Child/Parent	Inelig. Family Membr #1	Inelig. Family Membr #2
10 GROSS EARNED INCOME	\$ _____	\$ _____	\$ _____	\$ _____
11 COMBINED EARNED INCOME (Add Amounts In Row 10)	\$ _____			
12 \$ 65 EARNED INCOME DEDUCTION PLUS \$ _____ FROM UNUSED \$20 DEDUCTION	- \$ _____			
13 REMAINING EARNED INCOME (Subtract line 12 from Line 11)	= _____			
14 50% EARNED INCOME DEDUCTION (Divide line 13 by 2)	\$ _____			

#### III NET NONEXEMPT INCOME AND ELIGIBILITY DETERMINATION

15 TOTAL EARNED AND UNEARNED INCOME (Add lines 9 and 14)	\$ _____	
16 DISREGARD FOR QUALIFIED INDIVIDUALS OR QUALIFIED COUPLES	- \$ _____	
17 HEALTH INSURANCE PREMIUMS	- \$ _____	
18 AGED & DISABLED MEDICALLY NEEDY DEDUCTIONS: SPECIFY	- \$ _____	
19 Deduction for Allocation to Ineligible Fam. Mbrs (= MNL for number of Ineligible Family Members)	- \$ _____	
20 NET NONEXEMPT INCOME (Line 15 - Lines 16 thru 19)	= \$ _____	
21 PROGRAM INCOME LIMIT (100% FPL For Number of Individuals Being Evaluated For Eligibility)	\$ _____	
22 ELIGIBLE IF LINE 20 AMT IS LESS THAN OR EQUAL TO LINE 21 AMT	ELIGIBLE      NOT ELIGIBLE	
23 NOTE: If ineligible, assess for eligibility for other Medi-Cal programs		